

For: AK, FL, HI, and PR State and County Offices

Revised RTCP Application FSA-218 and FSA-218-1 for FY 2023 Enrollment

Approved: Acting Deputy Administrator, Farm Programs



1 Overview

A Background

The Consolidated Appropriation Act of 2023 authorized \$4 million for FY 2023 to assist geographically disadvantaged farmers and ranchers according to the H.R. 2617-16. The Appropriation Act of 2023 re-authorized the RTCP program for each succeeding FY through 2023 subject to appropriated funding.

RTCP currently uses a manual application process. The application software is currently under development and should be available later in the 2023 calendar year. Automating the RTCP program will allow producers to receive benefits months earlier than the current manual process. To prepare for transitioning to the RTCP Software Application, County Offices will begin to use the revised FSA-218 and FSA 218-1, dated 08-01-23.

The forms have been amended to coordinate with the RTCP Software Application once available. A notice and IB will be issued when the RTCP Software Application has been completed.

B Purpose

This notice provides State and County Offices with the revised forms FSA-218, FSA-218-1 and completion instructions.

C Contact

Name	Telephone	E-mail
Douglas E. Kilgore, PSD Policy	202-720-9011	douglas.e.kilgore@usda.gov
Angela Pope, PSD Policy	202-720-0482	angela.pope@usda.gov
G. B. Washburn, PDD, Application	202-690-3798	gordon.washburn@usda.gov

Disposal Date	Distribution
December 1, 2023	AK, FL, HI, and PR State Offices; State Offices relay to County Offices.

Notice SP-104

2 Using FSA-218, FSA-218-1 and AD-3030 No Longer Required

A FSA-218 and FSA-218-1

The revised FSA-218, dated 08-01-23 must be used as of the date of this notice. Since signup started July 10, 2023, there may be a small number of RTCP applications processed on the original form. In these cases, County Offices that have received RTCP applications using FSA-218, dated (07-22-14) will need to have the producer complete the revised FSA-218, dated 08-01-23.

FSA-218-1, dated 07-17-23 has been amended to assist State and County Offices in calculating RTCP benefits for FY 2023 and must be accessed and completed on a computer running Microsoft Excel 2007 software.

The revised FSA-218 and FSA-218-1 have been posted to the following links:

- FSA-218, <https://intranet.fsa.usde.gov/dam/ffasforms/forms.html>
- FSA-218-1, <https://www.fsa.usda.gov/programs-and-services/price-support/Index>.
 - Under “Resources” CLICK the dropdown arrow to “FSA-218-1 RTCP Worksheet Calculator”.
 - CLICK and save the document in user’s desired location on your network share drive. State Office may create a RTCP subfolder on the S:/ drive for placement of the saved FSA-218-1.

See Exhibit 1 for the revised FSA-218 and Exhibit 2 for the revised FSA-218-1.

B AD-3030 No Longer Required

To reduce the RTCP application process, the 2 questions from AD-3030, “Representations Regarding Felony Conviction and Tax Delinquent Status for Corporate Applicants” have been incorporated into the revised FSA-218, dated 08-01-23. AD-3030 is no longer required when applying for RTCP benefits.

FSA-218 Part E is required to be completed by corporations. If the producer checks “NO” to either question the application should be disapproved.

Notice SP-104

3 Instructions for FSA-218 and FSA-218-1

A Completing FSA-218

The following table provides instructions for completing FSA-218.

Item	Instruction
1	STC, COC, or designee will enter the applicable recording State and code.
2	STC, COC, or designee will enter the applicable recording county and code.
3	STC, COC, or designee will enter the applicable program year.
4	STC, COC, or designee will enter the application number starting with 0001.
Part A – Producers Information	
5A through 5J	Enter name, information line (if needed), address line 1 and address line 2, city, State, ZIP code, telephone number, mobile telephone number, and e-mail address of the producer’s operation.
6A through 6C	(Optional) Enter name, address, telephone number, and e-mail address of the contact producer.
Part B – Actual Transportation Costs	
7	Enter the RTCP region for the producer entered in item 5A. Eligible regions are listed on page 7 of the form.
8	Enter the RTCP Coverage area for the producer entered in item 5A. Eligible coverage areas are listed on page 7 of the form.
9	Enter each RTCP commodity and/or input on a separate line. Eligible commodities and/or inputs are listed on page 7 of the form. Note: If an eligible commodity and/or input is not listed in the drop-down menu, email both PSD policy contacts according to subparagraph 1 C.
10	Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input entered in item 9.
11	Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input entered in item 9.
13	Producer must provide the actual cost paid per unit for the corresponding eligible agricultural commodity and/or input entered in item 9.
For FSA Use Only	
12	STC, COC, or designee will enter the COC adjusted units only if adjustments are made to item 11.
14	STC, COC, or designee will enter the COC adjusted cost per unit only if adjustments are made to item 13.

Notice SP-104

3 Instructions for FSA-218 and FSA-218-1 (Continued)

A Completing FSA-218 (Continued)

Item	Instruction
Part C – Fixed Transportation	
15	Enter the RTCP region for the producer entered in item 5A. Eligible regions are listed on page 7 of the form.
16	Enter the RTCP coverage area for the producer entered in item 5A. Eligible coverage areas are listed on page 7 of the form.
17	Enter each RTCP commodity and/or input on a separate line. Eligible commodities and/or inputs are listed on page 7 of the form.
18	Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 17.
19	Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 17.
For FSA Use Only	
20	STC, COC, or designee will enter the COC adjusted units only if adjustments are made to item 19.
Part D – Set Transportation	
21	Enter the RTCP region for the producer entered in item 5A. Eligible regions are listed on page 7 of the form.
22	Enter the RTCP coverage area for the producer entered in item 5A. Eligible coverage areas are listed on page 7 of the form.
23	Enter each RTCP commodity and/or input on a separate line. Eligible commodities and/or inputs are listed on page 7 of the form.
24	Producer must provide the unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 23.
25	Producer must provide the number of eligible units (quantity) that represent the eligible agricultural commodity and/or input from item 23.
27	Producer must provide the set price item cost paid per unit for the corresponding eligible agricultural commodity and/or input from item 23.
For FSA Use Only	
26	STC, COC, or designee will enter the COC adjusted units only if adjustments are made to item 25.
28	STC, COC, or designee will enter the COC adjusted cost set price item cost only if adjustments are made to item 27.

Notice SP-104

3 Instructions for FSA-218 and FSA-218-1 (Continued)

A Completing FSA-218 (Continued)

Item	Instruction
Part E – To Be Completed by Corporations	
Question 1	<p>Producer must check (√) Yes or No, if the applicant has been convicted of a felony criminal violation under any Federal law in the 24 months preceding the date of application?</p> <p>Note: If “Yes” is checked the producer is ineligible to apply for RTCP benefits.</p>
Question 2	<p>Producer must check (√) Yes or No, if the applicant has any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability?</p> <p>Note: If “Yes” is checked the producer is ineligible to apply for RTCP benefits.</p>
Part F – Producer Certification	
29A	Each producer that has a share in the transportation losses must sign FSA-218 after carefully reading the information in Part F.
29B	Each producer must provide title/relationship of the individual signing in the representative capacity.
29C	Each producer must enter the date FSA-218 was signed.
29D	Each producer must provide their corresponding share percentage of the transportation cost losses.
Part G – STC or County Committee Determination (FOR FSA USE ONLY)	
30A	STC, COC, or designee will sign.
30B	Enter title of designee signing item 30A.
30C	Enter date STC, COC, or designee signed item 30A.
30D	The official signing item 30A shall check the appropriate box to indicate, if FSA-218 is approved or disapproved.
30E	If disapproved, the official signing item 30A must provide a justification.
31A	Second party reviewer will sign.
31B	Enter title of second party reviewer.
31C	Enter date second party reviewer signed item 31A.

Notice SP-104

3 Instructions for FSA-218 and FSA-218-1 (Continued)

A Completing FSA-218 (Continued)

Item	Instruction
Part H – STC or County Committee Determination Totals for Actual, Fixed and Set Transportation Amount. (FOR FSA USE ONLY)	
32A	STC, COC, or designee will enter the total actual transportation costs from Part B. Note: Enter totals from the workbook FSA-218-1.
32B	STC, COC, or designee will enter the applicable FY 2023 COLA rate.
32C	STC, COC, or designee will multiply 32A times 32B and enter total. Example: Actual cost \$128.05 x COLA .25% = \$32.01 Reimbursable amount.
33A	STC, COC, or designee will enter the total fixed transportation costs from Part C. Note: Enter totals from the workbook FSA-218-1.
33B	STC, COC, or designee will enter the applicable FY 2023 COLA rate.
33C	STC, COC, or designee will multiply 33A times 33B and enter total. Example: Actual cost \$128.05 x COLA .25% = \$32.01 Reimbursable amount.
34A	STC, COC, or designee will enter the total set transportation cost from Part D. Note: Enter totals from the workbook FSA-218-1.
34B	STC, COC, or designee will enter the applicable FY 2023 COLA rate.
34C	STC, COC, or designee will multiply item 34A times 34B and enter total. Example: Actual cost \$128.05 x COLA .25% = \$32.01 Reimbursable amount.
35	STC, COC, or designee will enter the total of all transportation costs from items 32C, 33C, and 34C.
36	Enter any remarks that may be pertinent to any information entered on FSA-218.

Note: Page 5 and 6 of the application provide additional lines for actual, fixed, and set costs. Additional pages may be added to FSA-218, as necessary, if agricultural commodities and/or inputs being claimed exceed the space provided.

Notice SP-104

3 Instructions for FSA-218 and FSA-218-1 (Continued)

B Completing FSA-218-1

All data to be entered in FSA-218-1 will come from a completed FSA-218. Complete FSA-218-1 according to the following table.

Item	Instruction
1	Select 2-digit recording State from the drop-down menu.
2	Select 3-digit recording county from the drop-down menu.
3	Select appropriate FY from the drop-down menu.
4	Enter producer's name. Note: A producer means any geographically disadvantaged farmer or rancher who is an individual, group of individuals, partnership, corporation, estate, trust, association, cooperative, other business enterprise, or other legal entity, as defined by 7 CFR Part 1400.3, who is, or whose members are, a citizen or legal resident alien in the U.S., and who, as determined by the Secretary, shares in the risk of producing an agricultural commodity in substantial commercial quantities, and who is entitled to a share of the agricultural commodity from the agricultural operation.
4a	Enter producer's TIN and TIN type.
5	Enter application number assigned to FSA-218.
6	Enter applicable COLA.
7 Parts A, B, C and D	Select eligible agricultural commodity and/or input from the drop-down menu. Note: This item may be manually entered in Part D, item 7, if the eligible agricultural commodity and/or input are not listed.
8 Parts A, B, C, and D	Enter number of eligible units that represent the eligible agricultural commodity and/or input from item 7. Note: This item may be manually entered in Part D, item 8. to correspond with the applicable eligible agricultural commodity and/or input.
9 Parts A, B, C, and D	Select unit of measure applicable to the corresponding eligible agricultural commodity and/or input from item 7. Note: This item may be manually entered in Part D, item 9. to correspond with the applicable eligible agricultural commodity and/or input.
10 Parts A, B, C, and D	Enter actual, fixed, or set rate in each appropriate part, as applicable. Note: The applicable rate category for this item that corresponds to the applicable eligible agricultural commodity and/or input may be selected from the drop-down menu in Part D, item 10.

Notice SP-104

3 Instructions for FSA-218 and FSA-218-1 (Continued)

B Completing FSA-218-1 (Continued)

Item	Instruction
11-14	No entries required. Program will automatically calculate entries.
15	Enter any notable remarks.
16	Enter name of the data loader and the date the data was loaded.
17	Enter name of the data reviewer and the date the data was reviewed.

Note: See Exhibit 2 for an example of FSA-218-1.

4 Action

A State Office Action

State Office must ensure that County Offices:

- are informed of the contents of this notice
- forward questions about this notice through their State Office to the National Office.

B County Office Action

County Offices will:

- process applications using revised FSA-218 and FSA-218-1
- forward questions about the contents of this notice to the appropriate State Office price support specialist.

Example of FSA 218

The following is an example of FSA-218.

FSA-218 (08-01-23)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		FOR COUNTY OFFICE USE ONLY			
REIMBURSEMENT TRANSPORTATION COST PAYMENT PROGRAM (RTCP) FOR GEOGRAPHICALLY DISADVANTAGED FARMERS AND RANCHERS APPLICATION		1. Recording State Name		2. Recording County Name			
		Code		Code			
		3. Program Year		4. Application Number			
<p><small>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 755 and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility for direct reimbursement payments to a geographically disadvantaged farmer or rancher to transport an agricultural commodity or inputs used to produce an agricultural commodity. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses Identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for direct reimbursement payments to a geographically disadvantaged farmer or rancher to transport an agricultural commodity or inputs used to produce an agricultural commodity.</small></p> <p><small>Paperwork Reduction Act (PRA) Statement: This information collection is exempted from PRA as specified in 7 USC 8781(c)(2). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</small></p>							
PART A PRODUCERS INFORMATION							
5A. Producer's Name (Person or Legal Entity)			6A. Contact Producer's Name and Address (Including Zip Code) (Optional)				
5B. Information Line							
5C. Address Line 1		5D. Address Line 2					
5E. City	5F. State	5G. Zip Code					
5H. Telephone Number (Include Area Code):		5I. Mobile Phone Number (Include Area Code)	6B. Phone or Cell No. (Include Area Code) (Optional): <input type="checkbox"/> Home <input type="checkbox"/> Cell				
5J. Email Address:			6C. Email (Optional):				
PART B ACTUAL TRANSPORTATION COSTS Completion of this section requires detailed supporting documentation of actual cost that must be submitted to your County Office.							
7. RTCP Region	8. RTCP Coverage Area	9. Commodity/Input	10. Unit of Measure	11. Units	For FSA Use Only 12. COC Adjusted Units	13. Actual Cost per Unit	For FSA Use Only 14. COC Adjusted Cost per Unit
DATE STAMPED							

Example of FSA 218 (Continued)

FSA-218 (08-01-23)

Page 3 of 7

PART E TO BE COMPLETED BY CORPORATIONS

A corporation includes, but is not limited to, any entity that has filed articles of incorporation in one of the 50 States, the District of Columbia, or the various territories of the United States including American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Island, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, or the U.S. Virgin Islands. Corporations include both for profit and non-profit entities.

1. Has the Applicant been convicted of a felony criminal violation under any Federal law in the 24-months preceding the date of application? YES NO
2. Does the Applicant have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability? YES NO

NOTE: Providing the requested information is voluntary. However, failure to furnish the requested information will make the applicant ineligible to enter into a contract, memorandum of understanding, grant, loan guarantee, or cooperative agreement with USDA.

PART F PRODUCER CERTIFICATION

I certify that payments under the Reimbursement Transportation Cost Payment program will be made to provide cost assistance to geographically disadvantaged farmers and ranchers by reimbursing them for a portion of the transportation cost of their agricultural commodity, and/or transporting inputs used to produce an agricultural commodity during a fiscal year. By signing this application, the producer:

1. *If applying as an individual, that I am a citizen of or legal resident alien in the United States; if applying as a partnership, the members of the partnership are citizens of the United States; or if applying as a corporation, limited liability corporation, or other farm organization structure, the entity is organized under State law.*
2. *All information on this application and all supporting documents provided are true and correct;*
3. *I understand that this application may be disapproved if information or evidence provided is false or in error, and that other sanctions or penalties could apply.*
4. *I understand that if necessary, additional information may be required to determine program eligibility, to the satisfaction of the State and/or County FSA Committee.*
5. *I understand that this program is subject to the regulations found in 7 CFR Part 755, and understand that this application must be received no later than the deadline date established by FSA.*
6. *I hereby apply for payment to the extent that the State and/or County FSA Committee determines me eligible to receive payment and understand that payment of transportation cost assistance will be contingent upon the availability of funds to the U.S. Department of Agriculture to pay such claims.*
7. *I understand that payments are subject to conditions imposed by regulation and FSA, and that this is an application only.*
8. *If I have actual documentation, I have presented to FSA.*
9. *Agrees to provide FSA any documentation it requires to determine eligibility that verifies and supports all information provided, including the producer's certification, and understands the application may be disapproved if they fail to provide any such information requested by FSA;*
10. *Agrees to comply with, and acknowledges they are subject to, all the regulations governing the program and understands that instructions and assistance are available for completing this form;*

and rendering services, any records or other evidence that substantiates the information provided on this application or any supporting documentation provided; and

Note: Providing a false certification to the Government is punishable by imprisonment, fines, or other penalties. All information provided herein is subject to verification by FSA. The criminal and civil fraud statutes that apply to this certification, may include 15 USC 286 714m, 18USC 286, 297, 371, 641, 651, and 1001; and 31 USC. Other authorities may apply.

29A. Signature (By)	29B. Title/Relationship of the Individual Signing in the Representative Capacity	29C. Date Signed (MM-DD-YYYY)	29D. Share
			%
			%
			%
			%

Example of FSA 218 (Continued)

FSA-218 (08-01-23)			Page 4 of 7
PART G STC OR COUNTY COMMITTEE DETERMINATION (FOR FSA USE ONLY)			
30A. STC, COC or Designee Signature	30B. Title of STC, COC or Designee	30C. Date (MM-DD-YYYY)	30D. Determination (Check one): <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Complete Item 30E)
30E. Justification for Disapproval			
31A. Signature of Second Party Review	31B. Title of Second Party Review	31C. Date Signed (MM-DD-YYYY)	
PART H STC OR COUNTY COMMITTEE DETERMINATION TOTALS FOR ACTUAL, FIXED AND SET TRANSPORTATION AMOUNT (FOR FSA USE ONLY)			
32A. Actual Transportation Cost: \$	32B. Cost of Living Rate (COLA): %	32C. Reimbursable Amount: \$	
33A. Fixed Transportation Cost: \$	33B. Cost of Living Rate (COLA): %	33C. Reimbursable Amount: \$	
34A. Set Transportation Cost: \$	34B. Cost of Living Rate (COLA): %	34C. Reimbursable Amount: \$	
35. Total all transportation costs (Sum of Items 32C, 33C and 34C): \$		36. Enter The total from Item 35, if less than \$8,000. If greater than \$8,000 enter \$8,000: \$	
37 Additional Remarks			

Example of FSA 218 (Continued)

FSA-218 (INS) (08-01-23)

Page 7 of 7

INSTRUCTION SHEET TO COMPLETE PARTS B, PART C AND PART D

TRANSPORTATION COSTS (There are three types of transportation rates to determine the reimbursable amounts. These are defined as: actual, fixed, and set transportation rate. You may select a combination of rates.)

ACTUAL TRANSPORTATION RATES: are rates based on the actual costs incurred by the applicant and must be determined from verifiable records in all cases.

FIXED TRANSPORTATION RATES: are established by State FSA Committee (STC) with Deputy Administrator for Farm Programs (DAFP) concurrence and reflects transportation rates applicable to certain agricultural commodities or inputs used to produce the agricultural commodity.

SET TRANSPORTATION RATES: are established by STC with DAFP concurrence and reflects a percent of the total costs used to reflect the transportation cost incurred. This rate will be used only if the input does not have a fixed rate established or a breakdown of the transportation costs cannot occur.

NOTE: For those applicants who certified their costs, and either a fixed transportation rate or set transportation rate is used to determine reimbursable amounts, a compliance spot check will be developed in which those selected applicants would be required to provide verifiable proof that the transportation of the agricultural commodity and/or inputs occurred for the applicable fiscal year.

REGIONS and COVERAGE AREAS (For each line item select the below RTCP eligible region and coverage area)

<u>Region</u>	<u>Coverage Area</u>
Alaska	City of Anchorage and 80-kilometer (50-mile) radius by road; City of Fairbanks and 80-kilometer (50-mile radius by road; City of Juneau and 80-kilometer (50-mile) radius by road; Rest of Alaska
Hawaii	City and county of Honolulu; County of Hawaii; County of Kauai; County of Maui and County of Kalawao; American Samoa; Federate States of Micronesia; Republic of the Marshall Islands; Republic of Palau
Guam	Territory of Guam and Commonwealth of the Northern Mariana Islands
Puerto Rico	Commonwealth of Puerto Rico
Virgin Islands	U.S. Virgin Islands

ELIGIBLE COMMODITY

- Aquaculture
- Feed
- Fiber
- Floriculture
- Food
- Coffee
- Horticulture (including trees)
- Insects (including byproducts)
- Livestock

ELIGIBLE INPUT

Chemicals, equipment parts, feed, fertilizer, fuel, plants, seeds, supplies, other inputs as determined by FSA.

Example of FSA-218-1 (Continued)

Name and Date		Name and Date	
16. Data Loader :		17. Data Reviewed by:	

v1.01.005